

United States Bankruptcy Court NORTHERN District of ILLINOIS		Voluntary Petition																														
Name of Debtor (if individual, enter Last, First, Middle): <b>Story, Darren E.</b>		Name of Joint Debtor (Spouse)(Last, First, Middle): <b>Story Itasker Mitchell</b>																														
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>aka Darren Story</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>aka Itasker Mitchell</b> <b>aka Itasker T. Mitchell</b> <b>aka Itasker Story</b> <b>aka Itasker T. Story</b>																														
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>0298</b>		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>4829</b>																														
Street Address of Debtor (No. & Street, City, and State): <b>460 Butterfly Road</b> <b>Bolingbrook IL</b>		Street Address of Joint Debtor (No. & Street, City, and State): <b>460 Butterfly Road</b> <b>Bolingbrook IL</b>																														
		ZIPCODE <b>60490</b>																														
County of Residence or of the Principal Place of Business: <b>Will</b>		County of Residence or of the Principal Place of Business: <b>Will</b>																														
Mailing Address of Debtor (if different from street address): <b>SAME</b>		Mailing Address of Joint Debtor (if different from street address): <b>SAME</b>																														
		ZIPCODE																														
Location of Principal Assets of Business Debtor (If different from street address): <b>NOT APPLICABLE</b>		ZIPCODE																														
<b>Type of Debtor</b> (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and provide the information requested below.)  <i>State type of entity:</i> _____		<b>Nature of Business</b> (Check all applicable boxes.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 11 U.S.C. § 501(3)(c).																														
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official form No. 3A. <input type="checkbox"/> Filing fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input checked="" type="checkbox"/> Chapter 13																														
		<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business																														
<b>Chapter 11 Debtors:</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).																																
<b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.																																
<b>Statistical/Administrative Information</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</li> <li><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</li> </ul>		THIS SPACE IS FOR COURT USE ONLY																														
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1-</td> <td style="width: 10%;">50-</td> <td style="width: 10%;">100-</td> <td style="width: 10%;">200-</td> <td style="width: 10%;">1,000-</td> <td style="width: 10%;">5,000-</td> <td style="width: 10%;">10,000-</td> <td style="width: 10%;">25,001</td> <td style="width: 10%;">50,001-</td> <td style="width: 10%;">OVER</td> </tr> <tr> <td>49</td> <td>99</td> <td>199</td> <td>999</td> <td>5,000</td> <td>10,000</td> <td>25,000</td> <td>50,000</td> <td>100,000</td> <td>100,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			1-	50-	100-	200-	1,000-	5,000-	10,000-	25,001	50,001-	OVER	49	99	199	999	5,000	10,000	25,000	50,000	100,000	100,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
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49	99		199	999	5,000	10,000	25,000	50,000	100,000	100,000																						
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <i>Darren E. Story and Itasker Mitchell Story</i>
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than one, attach additional sheet)		
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts)
<input type="checkbox"/> Exhibit A is attached and made a part of this petition		I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.  I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy code.  <b>X /s/ George M. Stuhr</b> <b>9/28/2006</b> <small>Signature of Attorney for Debtor(s) Date</small>
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?  <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		<b>Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</b>  <input type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.  <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing)
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b> <b>Venue</b> (Check any applicable box)		
<input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principle assets in the United States in this District, or has no principle place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interest of the parties will be served in regard to the relief sought in this District.		
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> <i>Check all applicable boxes.</i>		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> <small>(Name of landlord that obtained judgment)</small> <hr/> <small>(Address of landlord)</small>		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Darren E. Story and Itasker Mitchell Story</b>
<b>Signatures</b>		
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X /s/ Darren E. Story</b> Signature of Debtor</p> <p><b>X /s/ Itasker Mitchell Story</b> Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney)</p> <p><b>9/28/2006</b> Date</p>		<b>Signature of a Foreign Representative</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documentation required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign proceeding is attached.</p> <p><b>X</b> (Signature of Foreign Representative)</p> <p>(Printed name of Foreign Representative)</p> <p><b>9/28/2006</b> (Date)</p>
<b>Signature of Attorney</b> <p><b>X /s/ George M. Stuhr</b> Signature of Attorney for Debtor(s)</p> <p><b>George M. Stuhr 06187074</b> Printed Name of Attorney for Debtor(s)</p> <p><b>Stuhr &amp; Drell, Attorneys at Law</b> Firm Name</p> <p><b>54 North Ottawa St., Ste. 200</b> Address</p> <p><b>Joliet IL 60432</b></p> <p><b>815-722-2252</b> Telephone Number</p> <p><b>9/28/2006</b> Date</p>		<b>Signature of Non-Attorney Bankruptcy Petition Preparer</b> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section. Official Form 19B is attached.</p> <p>Printed Name and title, if any, of bankruptcy Petition Preparer</p> <p>Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principle, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p><b>X</b></p> <p>Date Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; Required by 18 U.S.C. § 156.</i></p>

In re Darren E. Story

Debtor(s)

Case number: \_\_\_\_\_  
(If known)

According to the calculations required by this statement:

**The applicable commitment period is 3 years.**  
 **The applicable commitment period is 5 years.**  
 **Disposable income is determined under § 1325(b)(3).**  
 **Disposable income is not determined under § 1325(b)(3).**

(Check the boxes as directed in Lines 17 and 23 of this statement.)

## STATEMENT OF CURRENT MONTHLY INCOME AND AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME FOR USE IN CHAPTER 13

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

### Part I. REPORT OF INCOME

	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for lines 2-10.  All figures must reflect average monthly income for the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If you received different amounts of income during these six months, you must total the amounts received during the six months, divide this total by six, and enter the result on the appropriate line.	Column A Debtor's Income	Column B Spouse's Income
1	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$4,258.80	\$3,221.40
2	<b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference on Line 3. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part IV.</b>		
3	a. Gross receipts \$83.00 b. Ordinary and necessary business expenses \$40.00 c. Business income Subtract Line b from Line a	\$43.00	\$0.00
4	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.</b>		
5	<b>Interest, dividends, and royalties.</b>	\$1.75	\$0.00
6	<b>Pension and retirement income.</b>	\$0.00	\$0.00
7	<b>Regular contributions to the household expenses of the debtor or the debtor's dependents, including child or spousal support.</b> Do not include contributions from the debtor's spouse.	\$0.00	\$0.00
8	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act      Debtor \$4,750.00      Spouse \$0.00	\$0.00	\$0.00

	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		
9	a. _____ \$0.00 b. _____ \$0.00 c. _____ \$0.00 d. _____ \$0.00	\$0.00	\$0.00
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$4,303.55	\$3,221.40
11	<b>Total.</b> If column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		\$7,524.95

**Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD**

12	<b>Enter the amount from Line 11.</b>	\$7,524.95
13	<b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. Otherwise, enter zero.	\$0.00
14	<b>Subtract Line 13 from Line 12 and enter the result.</b>	\$7,524.95
15	<b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 and enter the result.	\$90,299.40
16	<b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>ILLINOIS</u> b. Enter debtor's household size: <u>3</u>	\$62,178.00
17	<b>Application of § 1325(b)(4).</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 15 is less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and complete Part VII of this statement. <b>Do not complete Parts III, IV, V, VI.</b> <input checked="" type="checkbox"/> <b>The amount on Line 15 is not less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with Part III of this statement.	

**Part III. APPLICATION OF § 1325(B)(3) FOR DETERMINING DISPOSABLE INCOME**

18	<b>Enter the amount from Line 11.</b>	\$7,524.95
19	<b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.	\$0.00
20	<b>Current monthly income for § 1325(b)(3).</b> Subtract Line 19 from Line 18 and enter the result.	\$7,524.95
21	<b>Annualized current monthly income for § 1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 and enter the result.	\$90,299.40
22	<b>Applicable median family income.</b> Enter the amount from Line 16.	\$62,178.00
23	<b>Application of § 1325(b)(3).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 21 is more than the amount on Line 22.</b> Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement <input type="checkbox"/> <b>The amount on Line 21 is not more than the amount on Line 22.</b> Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. <b>Do not complete Parts IV, V, or VI.</b>	

#### Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

##### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24	<b>National Standards: food, clothing, household supplies, personal care, and miscellaneous.</b> Enter the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		\$1,430.00
25A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).		\$407.00
25B	<b>Local Standards: housing and utilities; mortgage/rent expenses.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. <b>Do not enter an amount less than zero.</b>		(\$743.70)
26	<b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:		\$0.00
27	<b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		\$422.00
28	<b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. <b>Do not enter an amount less than zero.</b>		\$475.00
29	<b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. <b>Do not enter an amount less than zero.</b>		\$338.00
	a.	IRS Transportation Standards, Ownership Costs, First Car	\$475.00
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$0.00
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.
	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$338.00
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$0.00
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.

30	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>	\$2,195.00
31	<b>Other Necessary Expenses: mandatory payroll deductions.</b> Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</b>	\$98.50
32	<b>Other Necessary Expenses: life insurance.</b> Enter average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life, or for any other form of insurance.</b>	\$55.00
33	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 49.</b>	\$623.13
34	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$0.00
35	<b>Other Necessary Expenses: childcare.</b> Enter the average monthly amount that you actually expend on childcare. <b>Do not include payments made for children's education.</b>	\$320.00
36	<b>Other Necessary Expenses: health care.</b> Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. <b>Do not include payments for health insurance listed in Line 39.</b>	\$100.00
37	<b>Other Necessary Expenses: telecommunication services.</b> Enter the average monthly expenses that you actually pay for cell phones, pagers, call waiting, caller identification, special long distance, or internet services necessary for the health and welfare of you or your dependents. <b>Do not include any amount previously deducted.</b>	\$190.00
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.	\$5,909.93

**Subpart B: Additional Expense Deductions under § 707(b)**  
**Note: Do not include any expenses that you have listed in Lines 24-37**

39	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the average monthly amounts that you actually expend in each of the following categories and enter the total.	\$0.00
	a. Health Insurance b. Disability Insurance c. Health Savings Account  Total: Add Lines a, b, and c	
40	<b>Continued contributions to the care of household or family members.</b> Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. <b>Do not include payments listed in Line 34.</b>	\$0.00
41	<b>Protection against family violence.</b> Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law.	\$0.00
42	<b>Home energy costs in excess of the allowance specified by the IRS Local Standards.</b> Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>	\$425.00
43	<b>Education expenses for dependent children under 18.</b> Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$0.00
44	<b>Additional food and clothing expense.</b> Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.</b>	\$52.00

45	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$0.00
46	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.	\$477.00

### Subpart C: Deductions for Debt Payment

47	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.			\$1,942.70
48	<b>Past due payments on secured claims.</b> If any of the debts listed in Line 47 are in default, and the property securing the debt is necessary for your support or the support of your dependents, you may include in your deductions 1/60th of the amount that you must pay the creditor as a result of the default (the "cure amount") in order to maintain possession of the property. List any such amounts in the following chart and enter the total. If necessary, list additional entries on a separate page.			\$305.92
49	<b>Payments on priority claims.</b> Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.			\$0.00
50	<b>Chapter 13 administrative expenses.</b> Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.			\$43.86
51	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.			\$2,292.48
<b>Subpart D: Total Deductions Allowed under § 707(b)(2)</b>				
52	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 38, 46, and 51.			\$8,679.41

### Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	<b>Total current monthly income.</b> Enter the amount from Line 20.	\$7,524.95
54	<b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$0.00
55	<b>Qualified retirement deductions.</b> Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).	\$0.00
56	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.	\$8,679.41

57	<b>Total adjustments to determine disposable income.</b> and enter the result.	Add the amounts on Lines 54, 55, and 56	\$8,679.41
58	<b>Monthly Disposable Income Under § 1325(b)(2).</b> result.	Subtract Line 57 from Line 53 and enter the	(\$1,154.46)

### Part VI: ADDITIONAL EXPENSE CLAIMS

59	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.		
		Expense Description	Monthly Amount
	a.	Income Tax Preparation	\$50.00
	b.	Grooming & Haircuts	\$100.00
	c.	Birthdays/Wedding/Graduation	\$50.00
		Total: Add Lines a, b, and c	\$200.00

### Part VII: VERIFICATION

60	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i>		
	Date:	Signature: <u>/s/ Darren E. Story</u> (Debtor)	
	Date:	Signature: <u>/s/ Itasker Mitchell Story</u> (Joint Debtor, if any )	

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_  
(if known)

## SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C-Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption		Amount of Secured Claim
		Husband--H Wife--W Joint--J Community--C	J	
<i>Marital residence: 460 Butterfly Road, Bolingbrook, IL</i>	<i>Fee Simple</i>		\$ 290,000.00	\$ 252,689.00
No continuation sheets attached		<b>TOTAL \$</b> (Report also on Summary of Schedules.)	<b>290,000.00</b>	

In re Darren E. Story and Itasker Mitchell Story

/ Debtor

Case No. \_\_\_\_\_

(if known)

**SCHEDULE B-PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C-Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases. If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Bank Account - Checking</b> <b>West Suburban Bank</b> <b>505 N. Weber Road</b> <b>Romeoville, IL 60446</b> <b>Account 3400022098</b> <b>Location: West Suburban Bank</b>	J	\$ 10.00
		<b>Credit Union</b> <b>United Credit Union</b> <b>4444 S. Pulaski Road</b> <b>Chicago, IL 60632</b> <b>Account No. 67524</b> <b>Location: Credit Union</b>	J	\$ 500.00
		<b>Credit Union</b> <b>UIUnited Credit Union</b> <b>4444 S. Pulaski Road</b> <b>Chicago, IL 60632</b> <b>Account No. 76388</b> <b>Location: United Credit Union</b>	H	\$ 100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household Goods</b> <b>Location: In debtor's possession</b>	J	\$ 1,200.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Wearing Apparel</b> <b>Location: In debtor's possession</b>	J	\$ 200.00

In re Darren E. Story and Itasker Mitchell Story

/ Debtor

Case No. \_\_\_\_\_

(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

**In re Darren E. Story and Itasker Mitchell Story**

/ Debtor

Case No.

(if known)

## **SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles.	X	<i>Auto: 95 Nissan Altima Location: In debtor's possession</i>	J	\$ 513.00
		<i>Auto: 96 Chevy Lumina Location: In debtor's possession</i>	W	\$ 438.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Page 3 of 3

**Total** ➔

\$ 2,961.00

**(Report total also on Summary of Schedules.)**  
**Include amounts from any continuation sheets attached.**

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_  
(if known)

## SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$125,000.

(Check one box)

11 U.S.C. § 522(b) (2):

11 U.S.C. § 522(b) (3):

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
<i>Marital residence</i>	735 ILCS 5/12-901	\$ 15,000.00	\$ 290,000.00
<i>Bank Account - Checking</i>	735 ILCS 5/12-1001 (b)	\$ 10.00	\$ 10.00
<i>Credit Union</i>	735 ILCS 5/12-1001 (b)	\$ 500.00	\$ 500.00
<i>Credit Union</i>	735 ILCS 5/12-1001 (b)	\$ 100.00	\$ 100.00
<i>Household Goods</i>	735 ILCS 5/12-1001 (b)	\$ 1,200.00	\$ 1,200.00
<i>Wearing Apparel</i>	735 ILCS 5/12-1001 (a)	\$ 200.00	\$ 200.00
<i>Auto: 95 Nissan Altima</i>	735 ILCS 5/12-1001 (c)	\$ 513.00	\$ 513.00
<i>Auto: 96 Chevy Lumina</i>	735 ILCS 5/12-1001 (c)	\$ 438.00	\$ 438.00

FORM B6D (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor

Case No. \_\_\_\_\_

(if known)

## SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See U.S.C. § 112; Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column marked "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above)</i>	c o d e b t o r	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	C o n t i n g e n t			Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if any
			U n l i q u a t e d	D i s p u t e d	I s p u t e d		
Account No: <b>4920</b>		H-1998-08-01				\$ 916.00	\$ 916.00
<i>Creditor # : 1 AMERICREDI 200 BAILEY AVE FORT WORTH TX 76107-1211</i>							
		Value: \$ 0.00					
Account No: <b>9316</b>	J	09/03/2004 Mortgage	X			\$ 252,689.00	\$ 0.00
<i>Creditor # : 2 Wachovia Bank (ASC) P.O. Box Mail Operations Des Moines IA 50306</i>							
		Value: \$ 290,000.00					
Account No: <b>9316</b>		<i>Freedman Anselmo Lindberg 1807 W. Diehl Road Naperville IL 60563-1890</i>					
<i>Representing: Wachovia Bank (ASC)</i>		Value:					
Account No: <b>9316</b>		<i>Americase 7495 New Horizon Way Frederick MD 21703</i>					
<i>Representing: Wachovia Bank (ASC)</i>		Value:					

No continuation sheets attached

Subtotal \$ (Total of this page)	<b>253,605.00</b>
Total \$ (Use only on last page)	<b>253,605.00</b>

In re Darren E. Story and Itasker Mitchell Story / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. If applicable, also report this total on the Means Test form.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, custom duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**No continuation sheets attached**

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. 112; Fed.R.Bankr.P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address  including Zip Code  And Account Number  (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim.  If Claim is Subject to Setoff, so State.	Amount of Claim without deductiong value of collateral			
			C o n t i n g e n t	U n i q u e n t	D i s p u t e d	
Account No: 2570	<input checked="" type="checkbox"/> H--Husband <input type="checkbox"/> W--Wife <input type="checkbox"/> J--Joint <input type="checkbox"/> C--Community	H 2003-09-01			\$ 470.00	
Creditor # : 1 SEVENTH AVENUE 1112 7TH AVE MONROE WI 53566-1364						
Account No: 4050	<input type="checkbox"/> J	J 09/2005 Lawn Service	X		\$ 173.00	
Creditor # : 2 1st United Services Inc. 901 Atlantic Drive West Chicago IL 60185						
Account No: 5520	<input type="checkbox"/> H	H 2002-10-01			\$ 272.00	
Creditor # : 3 CAP 1 BANK PO BOX 85015 RICHMOND VA 23285-5075						
Account No: 8010	<input type="checkbox"/> H	H 2003-01-01			\$ 13.00	
Creditor # : 4 CAP 1 BANK PO BOX 85015 RICHMOND VA 23285-5075						
<u>13</u> continuation sheets attached			Subtotal \$	\$ 928.00		
			(Total of this page)			
			Total \$			
			(Report total also on Summary of Schedules)			

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>4540</b>  <i>Creditor # : 5 Capital One Bank P.O. Box 790216 St. Louis MO. 63179-0216</i>	H--Husband W--Wife J--Joint C--Community	<i>J 2005 Credit Card Purchases</i>		X		\$ 238.31
Account No: <b>4540</b>  <i>Representing: Capital One Bank</i>		<i>Encore Receivable Management, P.O. Box 3330 Olathe KS 66063-3330</i>				
Account No: <b>3677</b>  <i>Creditor # : 6 Clerk of Circuit Court-Chicago Child Support Division 28 N. Clark, Room 200 Chicago IL 60602-2701</i>	J	<i>2003 Annual Fees</i>		X		\$ 429.00
Account No: <b>6885</b>  <i>Creditor # : 7 Country Companies 1701 Towanda Avenue P.O. Box 2100 Bloomington IL 61702</i>	J	<i>2004 Insurance Premium</i>		X		\$ 500.00
Account No: <b>6885</b>  <i>Representing: Country Companies</i>		<i>John P. Schwulst &amp; Associates 200 W. Front Street, Ste 500A P.O. Box 3215 Bloomington IL 61702</i>				
Account No: <b>6885</b>  <i>Representing: Country Companies</i>		<i>Lamont, Hanley &amp; Associates In 1138 Elm Street P.O. Box 179 Manchester NH 03101</i>				
Sheet No. <u>1</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$ (Total of this page) <b>Total \$</b> (Report total also on Summary of Schedules)	<b>1,167.31</b>

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>5130</b>  <i>Creditor # : 8 DuPage Valley Anesthesiologist 185 Penny Avenue East Dundee IL 60118</i>	H--Husband W--Wife J--Joint C--Community	J 04/2006 <i>Medical Bills</i>				\$ 185.76
Account No: <b>7072</b>  <i>Creditor # : 9 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	J	J 04/2006 <i>Medical Bills</i>		X		\$ 278.20
Account No: <b>3577</b>  <i>Creditor # : 10 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	J	J 2005 <i>Medical Bills</i>		X		\$ 461.59
Account No: <b>3577</b>  <i>Representing: Edward Hospital</i>		<i>Revenue Production Management, P.O. Box 830913 Birmingham AL 35283-0913</i>				
Account No: <b>9388</b>  <i>Creditor # : 11 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	J	J 2006 <i>Medical Bills</i>		X		\$ 445.69
Account No: <b>4498</b>  <i>Creditor # : 12 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	J	J 2006 <i>Medical Bills</i>		X		\$ 1,482.75
Sheet No. <u>2</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$ (Total of this page) <b>Total \$</b> (Report total also on Summary of Schedules)	<b>2,853.99</b>

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>3843</b>  <i>Creditor # : 13 Edward Hospital 801 S. Washington Naperville IL 60540</i>	H--Husband W--Wife J--Joint C--Community	J 2005 <i>Medical Bills</i>		X		\$ 16.78
Account No: <b>3843</b>  <i>Representing: Edward Hospital</i>						
Account No: <b>3780</b>  <i>Creditor # : 14 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	J	2006 <i>Medical Bills</i>		X		\$ 588.25
Account No: <b>4675</b>  <i>Creditor # : 15 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	J	2005 <i>Medical Bills</i>		X		\$ 46.00
Account No: <b>4675</b>  <i>Representing: Edward Hospital</i>						
Account No: <b>4675</b>  <i>Representing: Edward Hospital</i>						
Sheet No. <u>3</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$ (Total of this page) <b>Total \$</b> (Report total also on Summary of Schedules)	<b>651.03</b>

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>3850</b>  <i>Creditor # : 16 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	H--Husband W--Wife J--Joint C--Community	J 2005 <i>Medical Bills</i>		X		\$ 15.82
Account No: <b>3850</b>  <i>Representing: Edward Hospital</i>		<i>Revenue Production Management, P.O. Box 830913 Birmingham AL 35283-0913</i>				
Account No: <b>8895</b>  <i>Creditor # : 17 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	J	2006 <i>Medical Bills</i>		X		\$ 104.00
Account No: <b>8895</b>  <i>Representing: Edward Hospital</i>		<i>Revenue Production Management, P.O. Box 830913 Birmingham AL 35283-0913</i>				
Account No: <b>8895</b>  <i>Representing: Edward Hospital</i>		<i>Merchantss' Credit Guide Co. 223 W. Jackson Blvd. Chicago IL 60606</i>				
Account No: <b>3780</b>  <i>Creditor # : 18 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	J	05/2006 <i>Medical Bills</i>		X		\$ 588.25

Sheet No. 4 of 13 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	<b>708.07</b>
Total \$	
(Report total also on Summary of Schedules)	

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>0118</b>  <i>Creditor # : 19 Edward Hospital P.O. Box 4207 Carol Stream IL 60197-4207</i>	H	H--Husband W--Wife J--Joint C--Community	J 2005 <i>Medical Bills</i>		X	\$ 150.00
Account No: <b>0118</b>  <i>Representing: Edward Hospital</i>			<i>Revenue Production Management P.O. Box 830913 Birmingham AL 35283-0913</i>			
Account No: <b>0628</b>  <i>Creditor # : 20 EDWARD WOMENS C</i>	H		2005-09-01			\$ 161.00
Account No: <b>0628</b>  <i>Representing: EDWARD WOMENS C</i>			<i>OSI COLLECTION SERVI 1375 E WOODFIELD RD #110 SCHAUMBURG IL 60173</i>			
Account No: <b>2630</b>  <i>Creditor # : 21 GINNY'S 1112 7TH AV MONROE WI 53566-1364</i>	H		2005-09-01			\$ 32.00
Account No: <b>5791</b>  <i>Creditor # : 22 HSBC NV PO BOX 19360 PORTLAND OR 97280</i>	H		2002-10-01			\$ 498.00
Sheet No. <u>5</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$ (Total of this page) <b>Total \$</b> (Report total also on Summary of Schedules)	<b>841.00</b>

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>1662</b>  <i>Creditor # : 23 HSBC NV PO BOX 19360 PORTLAND OR 97280</i>	H	2002-10-01				\$ 321.00
Account No: <b>3673</b>  <i>Creditor # : 24 HSBC NV PO BOX 19360 PORTLAND OR 97280</i>	H	2006-01-01				\$ 384.00
Account No: <b>5614</b>  <i>Creditor # : 25 ILDPTPUBAID 509 S. 6TH STREET SPRINGFIELD IL 62701</i>	H					\$ 1,006.00
Account No:  <i>Creditor # : 26 Jason's Nursery &amp; Landscaping 411 N. Bryan Street West Frankfort IL 62896</i>	J	06/2005 <i>Lawn Service</i>		X		\$ 564.00
Account No: <b>14.1</b>  <i>Creditor # : 27 Laboratory &amp; Pathology Diagnos Department 4387 Carol Stream 60122-4387</i>	J	04/2006 <i>Medical Bills</i>		X		\$ 21.28
Account No: <b>66.1</b>  <i>Creditor # : 28 Laboratory &amp; Pathology Diagnos Department 4387 Carol Stream 60122-4387</i>	J	04/2006 <i>Medical Bills</i>		X		\$ 12.40

Sheet No. 6 of 13 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	<b>2,308.68</b>
Total \$	
(Report total also on Summary of Schedules)	

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>0999</b>  <i>Creditor # : 29 MED102 EDWARD HOSP</i>	H	2006-05-01				\$ 150.00
Account No: <b>0999</b>  <i>Representing: MED102 EDWARD HOSP</i>		<b>MERCHANTS CR 223 W JACKSON ST CHICAGO IL 60606</b>				
Account No: <b>1407</b>  <i>Creditor # : 30 MED102 EDWARD HOSP</i>	H	2005-11-02				\$ 461.00
Account No: <b>1407</b>  <i>Representing: MED102 EDWARD HOSP</i>		<b>MERCHANTS CR 223 W JACKSON ST CHICAGO IL 60606</b>				
Account No: <b>2366</b>  <i>Creditor # : 31 MED102 EDWARD HOSP</i>	H	2006-06-01				\$ 104.00
Account No: <b>2366</b>  <i>Representing: MED102 EDWARD HOSP</i>		<b>MERCHANTS CR 223 W JACKSON ST CHICAGO IL 60606</b>				
Sheet No. <u>7</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					<b>Subtotal \$</b> (Total of this page) <b>Total \$</b> (Report total also on Summary of Schedules)	<b>715.00</b>

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>165</b> <i>Creditor # : 32 Mow It All 1575 Kathy Ct. Auruora IL 60504</i>	J	H--Husband W--Wife J--Joint C--Community 05/2006 <i>Lawn Service</i>		X		\$ 245.28
Account No: <b>165</b> <i>Representing: Mow It All</i>		<i>Stopka &amp; Lundberg 115 Crissey Geneva IL 60134</i>				
Account No: <b>0268</b> <i>Creditor # : 33 Naperville Radiologists S.C. 6910 S. Madison Street Willowbrook IL 60527</i>	J	09/2005 <i>Medical Bills</i>		X		\$ 53.36
Account No: <b>0268</b> <i>Creditor # : 34 Naperville Radiologists S.C. 6910 S. Madison Street Willowbrook IL 60527</i>	J	07/2005 <i>Medical Bills</i>		X		\$ 443.00
Account No: <b>5973</b> <i>Creditor # : 35 Naperville Radiologists S.C. 6910 S. Madison Street Willowbrook IL 60527</i>	J	06/2006 <i>Medical Bills</i>		X		\$ 56.00
Account No: <b>5100</b> <i>Creditor # : 36 NICOR GAS 1844 FERRY ROAD NAPERVILLE IL 60563</i>	H	2000-12-29				\$ 1,761.00

Sheet No. 8 of 13 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	<b>2,558.64</b>
Total \$	
(Report total also on Summary of Schedules)	

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>2860</b>  <i>Creditor # : 37 NICOR GAS 1844 FERRY ROAD NAPERVILLE IL 60563</i>	H	2000-12-29				\$ 1,526.00
Account No: <b>4118</b>  <i>Creditor # : 38 North Shore Agency, Inc. P.O. Box 8901 Westbury NY 11590</i>	J	05/2006 <i>Books</i>		X		\$ 68.82
Account No: <b>9873</b>  <i>Creditor # : 39 QVC c/o Penn Credit Corporation P.O. Box 988 HARRISBURG PA 17108</i>	J	06/2005 <i>Credit Card Purchases</i>		X		\$ 800.00
Account No:  <i>Creditor # : 40 QVC c/o NCO Financial Systems P.O. Box 15740 Wilmington DE 19850</i>	J	2005 <i>Credit Card Purchases</i>		X		\$ 685.40
Account No: <b>0137</b>  <i>Creditor # : 41 SBC ILLINOIS</i>	H	2003-08-25				\$ 400.00
Account No: <b>0137</b>  <i>Representing: SBC ILLINOIS</i>		<b>ASSET ACCEPT</b> PO BOX 2036 WARREN MI 48090				

Sheet No. 9 of 13 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	<b>3,480.22</b>
Total \$	
(Report total also on Summary of Schedules)	

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>0630</b>  <i>Creditor # : 42 SC-Ginny's c/o NCO Financial Systems, Inc P.O. Box 15740 Wilmington DE 19850</i>	H--Husband W--Wife J--Joint C--Community	<b>J</b> 2005 <i>Credit Card Purchases</i>		X		\$ 32.95
Account No: <b>2504</b>  <i>Creditor # : 43 Scotts Lawn Service c/o Credit Management Services 9525 Sweet Valley Drive Valley View OH 44125</i>		<b>J</b> 10/2005 <i>Lawn Service</i>		X		\$ 110.00
Account No: <b>0570</b>  <i>Creditor # : 44 SC-Seventh Avenue c/o NCO Financial Systems, Inc P.O. Box 41457 Philadelphia PA 19101-1457</i>		<b>J</b> 2005 <i>Credit Card Purchases</i>				\$ 571.50
Account No: <b>8155</b>  <i>Creditor # : 45 SC-SEVENTH AVENUE</i>	H	<b>H</b> 2004-07-01				\$ 470.00
Account No: <b>8155</b>  <i>Representing: SC-SEVENTH AVENUE</i>		<b>N</b> CO FIN/99 PO BOX 41466 PHILADELPHIA PA 19101				
Account No: <b>T000</b>  <i>Creditor # : 46 SUBURBAN MATERNAL FETAL MEDICI P.O. BOX 958216 HOFFMAN ESTATES IL 60194</i>	J	<b>J</b> 12/2004 <i>Medical Bills</i>		X		\$ 268.05

Sheet No. 10 of 13 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	<b>1,452.50</b>
Total \$	
(Report total also on Summary of Schedules)	

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>3937</b>  <i>Creditor # : 47 SunSetter Products 184 Charles Street Maiden MA 02148</i>	H--Husband W--Wife J--Joint C--Community	J 02/2006 <i>Credit Card Purchases</i>			X	\$ 1,885.35
Account No: <b>8859</b>  <i>Creditor # : 48 Surgical Practice Ltd P.O. Box 2557 Naperville IL 60567</i>		J 04/2006 <i>Medical Bills</i>			X	\$ 102.19
Account No: <b>3318</b>  <i>Creditor # : 49 Unifund CCR Partners c/o Blatt Hasenmiller, et al. P.O. Box 5463 Chicago IL 60680-5463</i>		J 2004 <i>Credit Card Purchases</i>			X	\$ 489.24
Account No: <b>3318</b>  <i>Creditor # : 50 UNIFUND CO 10751 MONTGOMERY ROAD CINCINNATI OH 45242</i>	H				X	\$ 510.00
Account No: <b>3318</b>  <i>Creditor # : 51 UNIFUND CORP/OH 11802 CONREY RD CINCINNATI OH 45249</i>	H	2003-02-01			X	\$ 510.00
Account No: <b>-030</b>  <i>Creditor # : 52 United Lawn Care, Inc. c/o American Credit Systems P.O. Box 72849 Roselle IL 60172-0849</i>	J	06/2005 <i>Lawn Service</i>			X	\$ 84.00

Sheet No. 11 of 13 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	3,580.78
Total \$	
(Report total also on Summary of Schedules)	

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>7942</b>  <i>Creditor # : 53 VILLAGE OF RIVERDALE</i>	H	H--Husband W--Wife J--Joint C--Community  2001-03-14				\$ 250.00
Account No: <b>7942</b>  <i>Representing: VILLAGE OF RIVERDALE</i>		RMI/MCSI 3348 RIDGE RD LANSING IL 60438				
Account No: <b>2457</b>  <i>Creditor # : 54 VILLAGE OF RIVERDALE</i>	H	2000-06-15				\$ 121.00
Account No: <b>2457</b>  <i>Representing: VILLAGE OF RIVERDALE</i>		RMI/MCSI 3348 RIDGE RD LANSING IL 60438				
Account No: <b>1141</b>  <i>Creditor # : 55 WAMU/PRVDN P.O. BOX 9007 PLEASANTON CA 94566</i>	H	1998-02-01		X		\$ 3,196.00
Account No: <b>1141</b>  <i>Creditor # : 56 Washington Mutual Processing P.O. Box 660548 Dallas TX 75266</i>	J	2004 Credit Card Purchases		X		\$ 3,132.58
Sheet No. <u>12</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$ (Total of this page) <b>Total \$</b> (Report total also on Summary of Schedules)	<b>6,699.58</b>

FORM B6F (10/05) West Group, Rochester, NY

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_

(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n i q u i d a t e d	D i s p u t e d	Amount of Claim without deduction value of collateral
Account No: <b>1141</b>  <i>Representing: Washington Mutual Processing</i>	H--Husband W--Wife J--Joint C--Community	<b>Arrow Financial Services 5996 W. Touhy Avenue Niles IL 60714</b>				
Account No: <b>-906</b>  <i>Creditor # : 57 Wauconda Currency Exchange c/o Mages &amp; Price 102 Wilmot Road, Ste. 410 Deerfield IL 60015</i>	J	<b>10/2005 BAD CHECK</b>		X		<b>\$ 3,000.00</b>
Account No:						
Account No:						
Account No:						
Account No:						

Sheet No. 13 of 13 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	<b>3,000.00</b>
(Total of this page)	
Total \$	<b>30,944.80</b>
(Report total also on Summary of Schedules)	

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "minor child" and do not disclose the child's name. See 11 U.S.C 112 Fed.R.Bankr.P. 1007(m).

Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, including Zip Code, of other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<b><i>Enterprise Rental Boughton Road, Rt. 53 417 N. Bolingbrook Drive Bolingbrook IL 60440</i></b>	Contract Type: <b><i>Car Lease</i></b> Terms: <b><i>Week to Week</i></b> Beginning date: <b><i>8/31/2006</i></b> Debtor's Interest: <b><i>Lessee</i></b> Description: <b><i>2006 Malibu</i></b> Buyout Option:

In re Darren E. Story and Itasker Mitchell Story / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California Idaho, Louisiana, Nevada, New Mexico, Puerto Rico Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the childs name. See 11 U.S.C 112 ; Fed.Bankr.P. 1007(m).

Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE I-CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12, or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP <b>son</b>	AGE <b>1 year</b>
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	<b>Construction Worker</b>	<b>Registered Nurse</b>
Name of Employer	<b>Plote Construction, Inc.</b>	<b>Edward Hospital</b>
How Long Employed	<b>19 years</b>	<b>4 years</b>
Address of Employer	<b>1100 Brandt Drive HOFFMAN ESTATES IL 60192</b>	<b>Washington Street Naperville IL 60540</b>
Occupation	<b>Registered Nurse</b>	
Name of Employer	<b>Professional Nursing, Inc.</b>	
How Long Employed	<b>7 years</b>	
Address of Employer	<b>3300 W. Peterson Avenue, #E Chicago IL 60659</b>	
Income: (Estimate of average monthly income)	DEBTOR	SPOUSE
1. Current Monthly gross wages, salary, and commissions (pro rate if not paid monthly)	\$ <b>4,258.80</b>	\$ <b>3,221.40</b>
2. Estimated Monthly Overtime	\$ <b>1,368.86</b>	\$ <b>0.00</b>
3. SUBTOTAL	\$ <b>5,627.66</b>	\$ <b>3,221.40</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll Taxes and Social Security	\$ <b>1,627.47</b>	\$ <b>675.57</b>
b. Insurance	\$ <b>0.00</b>	\$ <b>0.00</b>
c. Union Dues	\$ <b>98.50</b>	\$ <b>0.00</b>
d. Other (Specify): <b>Child Support</b>	\$ <b>623.13</b>	\$ <b>0.00</b>
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <b>2,349.10</b>	\$ <b>675.57</b>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <b>3,278.56</b>	\$ <b>2,545.83</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ <b>0.00</b>	\$ <b>50.00</b>
8. Income from Real Property	\$ <b>0.00</b>	\$ <b>0.00</b>
9. Interest and dividends	\$ <b>0.00</b>	\$ <b>0.00</b>
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <b>0.00</b>	\$ <b>0.00</b>
11. Social Security or other government assistance Specify: <b>IL Unemployment (1-06 to 4-06)</b>	\$ <b>99.85</b>	\$ <b>0.00</b>
12. Pension or retirement income	\$ <b>0.00</b>	\$ <b>0.00</b>
13. Other monthly income Specify:	\$ <b>0.00</b>	\$ <b>0.00</b>
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <b>99.85</b>	\$ <b>50.00</b>
15. TOTAL MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <b>3,378.41</b>	\$ <b>2,595.83</b>
16. TOTAL COMBINED MONTHLY INCOME:	\$ <b>5,974.24</b>	(Report also on Summary of Schedules)
17. Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:		

In re Darren E. Story and Itasker Mitchell Story

/ Debtor

Case No. \_\_\_\_\_

(if known)

## SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	2,422.00
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	325.00
b. Water and sewer	\$	100.00
c. Telephone	\$	120.00
d. Other <b>Cell Phones - Husband &amp; Wife</b>	\$	110.00
Other <b>Internet</b>	\$	65.00
Other <b>Homeowner Association Dues</b>	\$	8.34
3. Home maintenance (Repairs and upkeep)	\$	200.00
4. Food	\$	400.00
5. Clothing	\$	150.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	50.00
8. Transportation (not including car payments)	\$	850.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	55.00
c. Health	\$	0.00
d. Auto	\$	80.00
e. Other	\$	0.00
Other	\$	0.00
Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage)		
(Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other: <b>Child Care</b>	\$	320.00
c. Other:	\$	0.00
d. Other:	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other: <b>Income Tax Preparation</b>	\$	50.00
Other: <b>Grooming &amp; Haircuts</b>	\$	100.00
Other: <b>Birthdays/Weddings/Graduation</b>	\$	50.00
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	5,505.34
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Total monthly income from Line 16 of Schedule I	\$	5,974.24
b. Total monthly expenses from Line 18 above	\$	5,505.34
c. Monthly net income (a. minus b.)	\$	468.90

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Darren E. Story and Itasker Mitchell Story**

Case No.  
Chapter **13**

/ Debtor

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages on each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities."

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	AMOUNTS SCHEDULED		
			ASSETS	LIABILITIES	OTHER
A-Real Property	<b>Yes</b>	<b>1</b>	\$ <b>290,000.00</b>		
B-Personal Property	<b>Yes</b>	<b>3</b>	\$ <b>2,961.00</b>		
C-Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D-Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		\$ <b>253,605.00</b>	
E-Creditors Holding Unsecured Priority Claims	<b>Yes</b>	<b>1</b>		\$ <b>0.00</b>	
F-Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>14</b>		\$ <b>30,944.80</b>	
G-Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H-Codebtors	<b>Yes</b>	<b>1</b>			
I-Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			\$ <b>5,974.24</b>
J-Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			\$ <b>5,505.34</b>
<b>TOTAL</b>			\$ <b>292,961.00</b>	\$ <b>284,549.80</b>	

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Darren E. Story and Itasker Mitchell Story**

Case No.  
Chapter **13**

\_\_\_\_\_  
**/ Debtor**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159)**  
[Individual Debtors Only]

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

The forgoing information is for statistical purposes only under 28 U.S.C. § 159.

In re Darren E. Story and Itasker Mitchell Story / Debtor Case No. \_\_\_\_\_  
(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 26 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 9/28/2006

Signature /s/ Darren E. Story  
Darren E. Story

Date: 9/28/2006

Signature /s/ Itasker Mitchell Story  
Itasker Mitchell Story

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:*Darren E. Story*  
*aka Darren Story*  
*and*  
*Itasker Mitchell Story*  
*aka Itasker Mitchell*  
*aka Itasker T. Mitchell*  
*aka Itasker Story*  
*aka Itasker T. Story*

Case No.

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

**1. Income from employment or operation of business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<i>Year to date:</i> \$23,376.32	<i>Plete Construction, Inc. (Husband's employment)</i>
<i>Last Year:</i> \$50,641	<i>Plete Construction, Inc. (Husband's employment)</i>
<i>Year before:</i> \$49,057.64	<i>Plete Construction, Inc. (Husband's employment)</i>
<i>Year to date:</i> \$17,794.24	<i>Edward Hospital (Wife's employment)</i>
<i>Last Year:</i> \$39,289.00	<i>Edward Hospital (Wife's employment)</i>
<i>Year before:</i> \$28,618.47	<i>Edward Hospital (\$27,642.47) and Professional Nursing (\$976.00) (Wife's employment)</i>

## 2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**Year to date:** \$5,140.20  
**Last Year:** \$7,738.00

*State of IL- unemployment*  
*State of IL - unemployment*

**Year before:** -0-

## 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**NONE**

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**NONE**

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

**NONE**

## 4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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<i>Wachovia Bank, N.A., et al. v. Darren E. Story, et al, 06 CH 1198</i>	<i>Foreclosure</i>	<i>12th Judicial Circuit, Will County, Illinois, 14 W. Jefferson St., Joliet, IL 60432</i>	<i>Pending</i>
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<i>Unifund CCR Partners v. Darren E. Story, 04 SC 000258</i>	<i>Small Claims</i>	<i>12 Judicial Circuit, Will County, Illinois, 14 W. Jefferson St., Chicago, IL 60432</i>	<i>Pending</i>
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b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**NONE**

## 5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case.(Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

## 6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case.(Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.(Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

## 7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.(Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

## 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

## 9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Payee:</b> George M. Stuhr <b>Address:</b> 54 North Ottawa St., Ste. 200 Joliet, IL 60432	<b>Date of Payment:</b> <b>Payor:</b> Darren E. Story	<b>\$168.00</b>

## 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NONE

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#### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

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#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

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#### 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE

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#### 14. Property held for another person

List all property owned by another person that the debtor holds or controls.

NONE

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#### 15. Prior address of debtor

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

NONE

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#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NONE

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NONE

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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

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#### 18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NONE

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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NONE

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 9/28/2006

Signature /s/ Darren E. Story

Date 9/28/2006

Signature /s/ Itasker Mitchell Story

of Joint Debtor  
(if any)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re *Darren E. Story*  
*aka Darren Story*  
*and*  
*Itasker Mitchell Story*  
*aka Itasker Mitchell*  
*aka Itasker T. Mitchell*  
*aka Itasker Story*  
*aka Itasker T. Story*

Case No.  
Chapter 13

/ Debtor

Attorney for Debtor: *George M. Stuhr*

**STATEMENT PURSUANT TO RULE 2016(B)**

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
  - a) For legal services rendered or to be rendered in contemplation of and in connection with this case . . . . . \$ 3,000.00
  - b) Prior to the filing of this statement, debtor(s) have paid . . . . . \$ 168.00
  - c) The unpaid balance due and payable is . . . . . \$ 2,832.00
3. \$ 189.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
*None other*
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
*None other*
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
*None*
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:  
*None*

Dated: *9/28/2006*

Respectfully submitted,

*X /s/ George M. Stuhr*  
Attorney for Petitioner: *George M. Stuhr*  
*Stuhr & Drell, Attorneys at Law*  
*54 North Ottawa St., Ste. 200*  
*Joliet IL 60432*

SEVENTH AVENUE  
1112 7TH AVE  
MONROE, WI 53566-1364

Country Companies  
1701 Towanda Avenue  
P.O. Box 2100  
Bloomington, IL 61702

GINNY'S  
1112 7TH AV  
MONROE, WI 53566-1364

1st United Services Inc.  
901 Atlantic Drive  
West Chicago, IL 60185

DuPage Valley Anesthesiolog.  
185 Penny Avenue  
East Dundee, IL 60118

HSBC NV  
PO BOX 19360  
PORTLAND, OR 97280

Americase  
7495 New Horizan Way  
Frederick, MD 21703

Edward Hospital  
801 S. Washington  
Naperville, IL 60540

ILDPTPUBAID  
509 S. 6TH STREET  
SPRINGFIELD, IL 62701

AMERICREDI  
200 BAILEY AVE  
FORT WORTH, TX 76107-1211

Edward Hospital  
P.O. Box 4207  
Carol Stream, IL 60197-4207

Jason's Nursery & Landscapi:  
411 N. Bryan Street  
West Frankfort, IL 62896

Arrow Financial Services  
5996 W. Touhy Avenue  
Niles, IL 60714

EDWARD WOMENS C

John P. Schwulst & Associate:  
200 W. Front Street, Ste 501  
P.O. Box 3215  
Bloomington, IL 61702

ASSET ACCEPT  
PO BOX 2036  
WARREN, MI 48090

Encore Receivable Managemen:  
P.O. Box 3330  
Olathe, KS 66063-3330

Laboratory & Pathology Diag:  
Department 4387  
Carol Stream, 60122-4387

CAP 1 BANK  
PO BOX 85015  
RICHMOND, VA 23285-5075

Enterprise Rental  
Boughton Road, Rt. 53  
417 N. Bolingbrook Drive  
Bolingbrook, IL 60440

Lamont, Hanley & Associates  
1138 Elm Street  
P.O. Box 179  
Manchester, NH 03101

Capital One Bank  
P.O. Box 790216  
St. Louis, MO. 63179-0216

Freedman Anselmo Lindberg  
1807 W. Diehl Road  
Naperville, IL 60563-1890

MED102 EDWARD HOSP

Clerk of Circuit Court-Chic:  
Child Support Division  
28 N. Clark, Room 200  
Chicago , IL 60602-2701

George M. Stuhr  
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MERCHANTS CR  
223 W JACKSON ST  
CHICAGO, IL 60606

Merchants' Credit Guide Co. 223 W. Jackson Blvd. Chicago, IL 60606	QVC c/o NCO Financial Systems P.O. Box 15740 Wilmington, DE 19850	Stopka & Lundberg 115 Crissey Geneva, IL 60134
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Mow It All 1575 Kathy Ct. Auruora , IL 60504	Revenue Production Management P.O. Box 830913 Birmingham, AL 35283-0913	Itasker Mitchell Story 460 Butterfly Road Bolingbrook, IL 60490
Naperville Radiologists S.C 6910 S. Madison Street Willowbrook, IL 60527	RMI/MCSI 3348 RIDGE RD LANSING, IL 60438	SUBURBAN MATERNAL FETAL MED P.O. BOX 958216 HOFFMAN ESTATES, IL 60194
NCO FIN/99 PO BOX 41466 PHILADELPHIA, PA 19101	SBC ILLINOIS	SunSetter Products 184 Charles Street Maiden, MA 02148
NICOR GAS 1844 FERRY ROAD NAPERVILLE, IL 60563	SC-Ginny's c/o NCO Financial Systems, P.O. Box 15740 Wilmington, DE 19850	Surgical Practice Ltd P.O. Box 2557 Naperville, IL 60567
North Shore Agency, Inc. P.O. Box 8901 Westbury, NY 11590	Scotts Lawn Service c/o Credit Management Services 9525 Sweet Valley Drive Valley View, OH 44125	Unifund CCR Partners c/o Blatt Hasenmiller, et al P.O. Box 5463 Chicago , IL 60680-5463
OSI COLLECTION SERVI 1375 E WOODFIELD RD #110 SCHAUMBURG, IL 60173	SC-Seventh Avenue c/o NCO Financial Systems, P.O. Box 41457 Philadelphia, PA 19101-14	UNIFUND CO 10751 MONTGOMERY ROAD CINCINNATI, OH 45242
QVC c/o Penn Credit Corporation P.O. Box 988 HARRISBURG, PA 17108	SC-SEVENTH AVENUE	UNIFUND CORP/OH 11802 CONREY RD CINCINNATI, OH 45249

United Lawn Care, Inc.  
c/o American Credit Systems  
P.O. Box 72849  
Roselle, IL 60172-0849

VILLAGE OF RIVERDALE

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P.O. Box Mail Operations  
Des Moines, IA 50306

WAMU/PRVDN  
P.O. BOX 9007  
PLEASANTON, CA 94566

Washington Mutual Processing  
P.O. Box 660548  
Dallas , TX 75266

Wauconda Currency Exchange  
c/o Mages & Price  
102 Wilmot Road, Ste. 410  
Deerfield, IL 60015